Fill	in this information	to identify your case:	0 100 3 1	1100 111/-)	htoroo	10/3		ox only as directed in th	is form and in
De	ebtor 1	Samantha		Kohl			-	_	• • • • • • • • • • • • • • • • • • • •	
		First Name	Middle Name	Last Name				_	no presumption of abu	
	ebtor 2								culation to determine if pplies will be made und	
(S	pouse, if filing)	First Name	Middle Name	Last Name					st Calculation (Official F	
Ur	nited States Bankr	ruptcy Court for the:	Easterr	n District of	Pennsylva	nia	-		ans Test does not apply I military service but it o	
-	ase number known)								Colored City	
								- Check if th	nis is an amended filing	
Of	ficial Form	122A-1								
Cr	napter 7	 Statement	of Your (Curren	t Mont	hly I	nco	me		12/19
attac and beca with	ch a separate shed case number (if kause of qualifying this form.	et to this form. Includ nown). If you believe	e the line number to that you are exem plete and file <i>State</i>	to which the a	ndditional info	ormation of abuse b	applies because	. On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		rital and filing status?								
		Fill out Column A, lines								
		our spouse is filing w	•			2-11.				
		our spouse is NOT fil the same household				olumn A s	and R lir	nes 2-11		
	_		• •	-					g this box, you declare	
	under pe		ou and your spouse	are legally s	eparated und	ler nonbar	nkruptcy	law that applie	es or that you and your	
va ex	ried during the 6 r	months, add the incom	ne for all 6 months a	and divide the	total by 6. F	ill in the re	esult. Do column	not include an only. If you haven	ne amount of your mont by income amount more ye nothing to report for Column B Debtor 2 or	than once. For
							20.00		non-filing spouse	
2.	Your gross wage deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$673.47		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.						\$0.00			
4.								\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	efore all deductions)		\$0.00						
	Ordinary and neo	cessary operating expe	enses .	\$0.00		,				
	Net monthly inco	me from a business, p	rofession, or farm	\$0.00		Copy here		\$0.00		
6	Not in a and a fire	wonted and address of	muonout.			\rightarrow		\$0.00		
6.		rental and other real	property	Debtor 1	Debtor 2					
	. `	pefore all deductions)		\$0.00						
	Ordinary and nec	cessary operating expe	enses .	- \$0.00						
	Net monthly inco	me from rental or othe	r real property	\$0.00		Copy here				
	,					\rightarrow		\$0.00		
7.	Interest, dividend	ds, and royalties						\$0.00		

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Debtor 1	Samantha		Document	Page 2 o	f 3 Case nu	mber (if known)	
	First Name	Middle Name	Last Name	- ayu z u	1 5	(
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. (Unemployment compens	ation			\$0.00		_
	Do not enter the amount if under	you contend that the a	amount received was a	benefit			
	he Social Security Act. Ins			↓			
i	or you		<u></u>	\$0.00			
i	or your spouse		<u> </u>				
1 0 0 1	Pension or retirement inconenisting of the Social S	ecurity Act. Also, excensation, pension, pay, to the connection with a comber of the uniformed pter 61 of title 10, there amount of retired pay	pt as stated in the next annuity, or allowance p disability, combat-relate services. If you receive include that pay only to to which you would oth	sentence, aid by the d injury or ed any o the extent nerwise be	\$0.00		-
10.	Income from all other so Do not include any benef received as a victim of a domestic terrorism; or con the United States Govern injury or disability, or deat list other sources on a se	its received under the war crime, a crime agampensation, pension, pension, in connection with of a member of the i	Social Security Act; parainst humanity, or intermined pay, annuity, or allowanth a disability, combat-runiformed services. If n	yments lational or lice paid by lelated			_
	amounts from separate p Calculate your total curre	ent monthly income.			* *673.47	+	= \$673.47
	caon colami. Then add to	ne total for Column 71	o the total for Column I	J.			Total current monthly income
Part 2:	Determine Whether	the Means Test Ap	oplies to You				,
12. Calcu	late your current monthly	/ income for the year.	Follow these steps:				
12a.	Copy your total current m	onthly income from line			Copy line 11 here →	\$673.47	
	Multiply by 12 (the number	-					x 12
12h	The result is your annual	• ,					
120.	The result is your armaar	income for this part of	the form.			12b.	<u>\$8,081.64</u>
13. Calcu	late the median family inc	come that applies to y	ou. Follow these steps	:			
Fill in	the state in which you live		Pennsylvania				
Fill in	the number of people in y	our household.	3				
To find	the median family income	an income amounts, go		13.	\$103,172.00		
	ctions for this form. This list to the lines compare?	st may also be availab	ie at the bankruptcy cle	erk's office.			

Go to Part 3 and fill out Form 122A-2.

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*

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Middle Name

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Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Samantha Kohl

Signature of Debtor 1

Date 10/31/2024

MM/ DD/ YYYY

First Name

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.